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Bib Data Sheet

CONFIRMATION NO. 9018

<b>SERIAL NUMBER</b> 10/051,612	<b>FILING OR 371(c) DATE</b> 01/16/2002 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2628	<b>ATTORNEY DOCKET NO.</b> CLRV-003
<b>APPLICANTS</b> Candice Hellen Brown Elliott, Vallejo, CA; Michael Francis Higgins, Cazadero, CA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/290,086 05/09/2001 and claims benefit of 60/290,087 05/09/2001 and claims benefit of 60/290,143 05/09/2001 and claims benefit of 60/313,054 08/16/2001 <i>Verified A.C.</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NA</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/14/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>A.C.</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 22	<b>TOTAL CLAIMS</b> 42
<b>INDEPENDENT CLAIMS</b> 7				
<b>ADDRESS</b> 42304				
<b>TITLE</b> CONVERSION OF A SUB-PIXEL FORMAT DATA TO ANOTHER SUB-PIXEL DATA FORMAT				
<b>FILING FEE RECEIVED</b> 1101	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	